

181. MITTHEILUNG ÜBER EINE BESONDERE VERÄNDERUNG DER NERVENFASERN DES RÜCKENMARKS WELCHE EINER KLINISCHEN BEDeutUNG ENTBEHRT, NÄMLICH DIE VON MINNICH SOG. HYDROPISCHE VERÄNDERUNG. (Communication concerning a Peculiar Change in Nerve Fibers in the Spinal Cord Without Clinical Significance; the so-called Hydraptic Change of Minnich.) Karl Petrén. (Deutsche Zeitschrift f. Nervenheilkunde. 15, 1898-1899, 1 and 2, p. 31.

Petrén describes an interesting form of alteration of nervous tissue which he believes is the same as that seen by Minnich in different diseases, and described under the name of "hydropic swelling of the nerve fibers. Schaffer's observations in cases of general paralysis he regards as similar to his own, although Schaffer gave no details of the microscopic changes in the nerve fibers. Petrén has seen the "hydropic swelling" in a case of tuberculosis without clinical evidences of spinal disease, in a case of abscess of the liver with the clinical signs of septicemia, and in a case of tabes incipiens. The altered areas in spinal cords hardened in Müller's fluid appear less deeply stained by the bichromate solution, but are not distinguishable by the Weigert hematoxylin method. The findings obtained by Petrén were swollen medullary sheaths and swollen axis cylinders, axis cylinders bent so that two or three twists were seen in a transverse section of the cord, axis cylinders poorly stained in their central portion or appearing as granules, medullary sheaths staining with carmine in their inner portion, and glassy swollen neuroglia. These changes were seen in the posterior and lateral columns, and were not exactly the same in each case. The altered position of the cord did not stain differently from the normal by Marchi's method. Petrén finds that the change is one of diffuse character and not systemic, and it probably occurs shortly before death; because the neuroglia is not proliferated, the glia cells are not more numerous, the vessels are normal, and the alteration of the nerve fibers is extensive and intense, although clinical signs have never been caused by this change. It is not purely a post-mortem condition, and though it may possibly develop after death, it is dependent on some alteration occurring during life. It must be distinguished from the true degeneration with the formation of sclerotic tissue seen in pernicious anemia. The recognition of the existence of "hydropic swelling" is very necessary, as in several instances it has been described as a true degeneration occurring during the lifetime of the individual and not merely at the close of life. SPILLER.

182. UN CAS DE PARALYSIE ASCENDANTE AIGUE (A Case of Acute Ascending Paralysis). H. Roger and O. Josué (La Presse médicale, 27 July, 1898, No. 62, p. 44.)

The patient, a man of 33, stone-cutter by occupation, first noticed a sensation of intense cold in the legs. Three days later, these were swollen and gradually lost power, compelling the patient to enter the hospital. At no time was there pain. Later there was some sore throat, and finally a severe attack of dyspnea, followed in the course of a few hours by death. His appearance resembled that of a patient suffering from severe infection. The voice was hoarse, deglutition was imperfect, both legs were in a state of flaccid paralysis, the knee-jerks and the tendon reflexes of the arm were absent. There was slight anesthesia of the legs, and tachycardia. The autopsy was performed thirty hours after death, and failed to reveal any gross lesions. Microscopical examination of the spinal cord showed extensive degenerative alterations in the cells of the anterior cornua, consisting of chromato-

lysis and dislocation or disappearance of the nucleus. The neuroglia cells were much more numerous than normal, particularly around the central canal and at the periphery of the gray matter. Cultures made from the blood during life gave a single micro-organism resembling the pneumococcus. Portions of the medulla oblongata were injected in the anterior eye of a rabbit which did not show subsequently any signs of hydrophobia, thus excluding paralysis due to this cause. Other rabbits were inoculated with the culture of the pneumococcus, and four out of five showed paralysis of the posterior limbs before death. The other died of purulent pericarditis. One mouse survived, but one died. The authors believe that their case represents a form of Landry's disease, produced in this instance by the pneumococcus, the particular variety present showing apparently a peculiar predilection for the spinal cord.

SAILER.

CLINICAL NEUROLOGY.

183. "EIN PATHOGNOMISCHES SYMPTOM DER FUNCTIONELLEN (HYSTERISCHEN) EXTREMITÄTENLÄHMUNG" (A Pathognomonic Symptom of Hysterical Paralysis of the Extremities). Von Hoesslin (Münchener medicin Wochenschrift, 1899, No. 10, p. 313).

The author claims to have discovered an absolutely diagnostic sign of functional paralysis of the limbs. His test is carried out as follows: He orders the patient to extend the affected limb while he (the operator) opposes a graduated resistance with his hand. The resistance is next suddenly removed. In every case of paralysis from organic lesion, the limb jerks suddenly in the direction of the intended movement. In functional paralysis on the contrary, the movement is suddenly arrested, and then after a short pause proceeds in the intended direction. This is due to what the author terms, the "paradoxical contraction of the antagonists." While a given movement is being performed, the condition of the antagonist muscles is carefully tested. If they are in a condition of strong contraction the paralysis is functional. He has found no exception to these rules in all the cases of paralysis of the extremities which he has examined during the past four years.

ALLEN.

184. A CASE OF SPASMODIC TORTICOLLIS ASSOCIATED WITH CHOREA. E. Noble Smith (The Clinical Journal, No. 341, p. 41; May 10, 1899).

The patient was a girl of sixteen years, and the so-called chorea was said to have antedated the torticollis by nearly eight years, but there is nothing in the text to show that the affection was really chorea. When first seen she was suffering from spasmodic torticollis, said to have been due to the action of both sterno-mastoids. An apparatus was applied which relieved pain and controlled the spasms to some extent, but the author found it necessary to operate, removing about one-half inch of the left spinal accessory nerve, producing complete paralysis of the sterno-mastoid and upper fibers of the trapezius. A year and a half later there was no spasm in the left mastoid, although the power of the muscle had returned, but it was now found necessary to resect portions of the second, third and fourth cervical nerves. Two years and a half later there was still considerable spasm said to have been limited to the right sterno-mastoid, so the right spinal accessory was resected. In spite of the imperfect results of previous operations, and in spite of the fact that two weeks after the last operation there were spasms in the left sterno-mastoid and left platysma, the author seems to think that there was "every prospect of a good recovery."